

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

HIDDEN HOLLOW CARE CENTER PROVIDER #: 46G020 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
261 W 2000 S PHONE NUMBER: (801) 225-2145 TOTAL: 35  
OREM UT 84058 PARTICIPATION DATE: 09/20/1988 CERTIFIED: 35 TYPE OWNERSHIP: PRIVATE NON PROFIT  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/11/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS:	35
TOTAL: 35	BEGINNING: 09/01/2003	18	18/19
MEDICARE: 0	ENDING: 08/31/2004	--	----
MEDICAID: 0	EXTENSION:		--
OTHER: 0	ADMISSION SUSPENDED:		35
	SUSPENSION RESCINDED:		

CURRENT SURVEY REVISIT DATES - 06/26/2003

PRIOR 3 SURVEY 08/2000	PRIOR 2 SURVEY 07/2001	PRIOR 1 SURVEY 10/2002	CURRENT SURVEY 06/11/2003	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X	X				STD W0109-COMPLIANCE WITH SANITATION LAWS
		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
	X				STD W0137-CLIENTS RETAIN & USE PERSONAL POSSESSIONS AND CLOTHING
	X				* STD W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
	X				STD W0240-PROGRAM PLAN DESCRIBES RELEVANT INTERVENTIONS
		X			* STD W0322-FACILITY PROVIDES PREVENTIVE & GENERAL MEDICAL CARE
			X C	06/11/2003	STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
		X			STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
	X				STD W0374-DRUGS PACKAGED, LABELED ACCORDING TO STATE LAW
	X				STD W0377-DRUGS STORED UNDER PROPER SANITATION
	X				STD W0382-DRUGS, BIOLOGICALS KEPT LOCKED
	X				STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X				STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
	X				* STD W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET

PRIOR 3 SURVEY 08/2000	PRIOR 2 SURVEY 07/2001	PRIOR 1 SURVEY 10/2002	CURRENT SURVEY 06/11/2003	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
		X	X C	06/25/2003	K0018-CORRIDOR DOORS
X	X	X			K0025-SMOKE PARTITION CONSTRUCTION
	X				K0047-EXIT SIGNS
		X			K0051-FIRE ALARM SYSTEM
		X			K0056-AUTOMATIC SPRINKLER SYSTEM
X		X			K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0064-PORTABLE FIRE EXTINGUISHERS
	X				K0069-COOKING EQUIPMENT
					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	1	3	10	1
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	1	2	0
HEALTH TOTAL	1	3	10	1
LIFE SAFETY CODE	1	5	3	2
LIFE SAFETY CODE + HEALTH	2	8	13	3

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

COP	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/25/2002	UNSUBSTANTIATED
11/04/2002	UNSUBSTANTIATED
01/21/2003	UNSUBSTANTIATED
02/18/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY